

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE				LOCAL FILE NO.																									
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED		2		CRASH SEVERITY (CHECK MOST SEVERE)		<input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS			<input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED																							
IN COUNTY OF WARREN				IN <input type="checkbox"/> CITY				LEBANON		DATE OF CRASH:			DAY	TIME: MILITARY																							
CRASH OCCURRED ON				COLUMBUS AVENUE				WITHIN THE INTERSECTION OF																													
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)				CITY CODE																													
MILES				FEET				W				S				OF				1425 (KROGER ENTRANCE)																	
LOC				JUR				FM9				FILT																									
A		UNIT NO.		1		NO OF OCCUPANTS		1		OPERATING		PARKED		DRIVERLESS		HIT & RUN NON CONTACT		INSURANCE CO OR AGENT		SAFECO Ins of Ill.																	
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)				NASH, BARBARA J.				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)				2830 LEBANON RD, LEBANON, OH 45036																									
PHONE NO.		(513) 646-3977		BIRTH DATE		12/8/50		AGE		45		SEX		F		SOCIAL SECURITY NO.		STATE		OH		DRIVER'S LICENSE NO.		RU199421		OCCUPATION											
OWNER (IF SAME AS DRIVER, WRITE SAME)				NASH, ROBERT D.				ADDRESS				S/A				PHONE				(513) 646-3977																	
VEH YR		2015		MAKE		HONDA		MODEL		ODYSSEY		COLOR		WHT		STYLE		SW		STATE		OH		LICENSE PLATE NO.		DW37EA		TOWING SERVICE		VEH/PED DIR							
CIRCLE DAMAGE AREAS				9 TOP		10 UNDER CAR		11 LOAD		12 TRAILER		DAMAGE SEVERITY		<input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE		<input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION		<input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE		<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE											
B		UNIT NO.		2		NO OF OCCUPANTS		1		OPERATING		PARKED		DRIVERLESS		HIT & RUN NON CONTACT		INSURANCE CO OR AGENT		STATE FARM																	
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)				GINTER, WILLIAM L.				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)				2988 O'NEILL RD, WAYNESVILLE, OH 45068																									
PHONE NO.		(513) 259-6400		BIRTH DATE		11/04/46		AGE		69		SEX		M		SOCIAL SECURITY NO.		STATE		OH		DRIVER'S LICENSE NO.		GFE9251		OCCUPATION											
OWNER (IF SAME AS DRIVER, WRITE SAME)				GINTER, WILLIAM L.				ADDRESS				S/A				PHONE				(513) 259-6400																	
VEH YR		2010		MAKE		NISSAN		MODEL		TITAN		COLOR		RED		STYLE				STATE		OH		LICENSE PLATE NO.		GFE9251		TOWING SERVICE		VEH/PED DIR							
CIRCLE DAMAGE AREAS				9 TOP		10 UNDER CAR		11 LOAD		12 TRAILER		DAMAGE SEVERITY		<input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE		<input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION		<input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE		<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE											
C		FROM UNIT NO.				NAME (LAST, FIRST, MI)				BIRTH DATE				AGE				POSITION		A		B		C		D		E		F		INJURIES					
D		FROM UNIT NO.				NAME (LAST, FIRST, MI)				BIRTH DATE				AGE				SEX		A		B		C		D		E		F		1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED					
E		FROM UNIT NO.				NAME (LAST, FIRST, MI)				BIRTH DATE				AGE				SEX		A		B		C		D		E		F		CONDITION					
F		FROM UNIT NO.				NAME (LAST, FIRST, MI)				BIRTH DATE				AGE				SEX		A		B		C		D		E		F		1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN					
A		B		C		INJURED TAKEN TO		By		A		B		C		D		E		F		ALCOHOL		A		B		C		D		E		F			
D		E		F		INJURED TAKEN TO		By		A		B		C		D		E		F		1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED		A		B		C		D		E		F			
A		B		C		OFFENSE CHARGED AND DESCRIPTION		ORC CITY ORD.		A		B		C		D		E		F		1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN		A		B		C		D		E		F			
O		B		C		OFFENSE CHARGED AND DESCRIPTION		ORC CITY ORD.		A		B		C		D		E		F		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		A		B		C		D		E		F			
RECEIVED CALL		1218		DISPATCHED		1221		ARRIVED		1226		CLEARED		1252		OTHER TIME		9		TOTAL MINUTES		40		A		B		C		D		E		F			
DATE REPORT FILED		M6 D10 Y16		PHOTOS		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		OFFICER'S NAME		BURNS IV		BADGE NO.		107		CHECKED BY								1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG		A		B		C		D		E		F	